



## Cover Memo for IRB submission

1. SUBMISSION INFORMATION	
1. IRB Number:	
2. Study Title:	
3. Date of Submission:	
4. Principal Investigator Name: Institute/Department: Contact Number: Email address:	
5. Research Coordinator Name: Institute/Department: Contact Number: Email address:	
6. Mailing address (for IRB Correspondence):	
7. Submission Type:	<input type="checkbox"/> E-submission
8. Review Type:	<input type="checkbox"/> Request for "Exempt Status" <input type="checkbox"/> Expedited Review <input type="checkbox"/> Full-Board Review Required

2. REQUESTED ACTION	
1. Please select the request for your submission:	<input type="checkbox"/> Initial review of new project <input type="checkbox"/> Continuation request/renewal <input type="checkbox"/> Amendment
If AMENDMENT, please describe:	
3. INVESTIGATOR/COORDINATOR COMMENTS	
1. Please provide a brief explanation/justification for your request:	



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#### 4. LIST OF ENCLOSURES

1. Please indicate all the documents that accompany your submission:

***Important: Should you be requesting for AMENDMENT. Please ensure that the changes have been highlighted in the attached documents.***

#### 5. SIGNATURE OF PERSON MAKING SUBMISSION

Name:

Date: